



TOWN OF ISLIP DEPARTMENT OF ENVIRONMENTAL CONTROL

401 MAIN STREET • ISLIP, NEW YORK 11751 • (631) 595-3630

2020 DONATION DROP OFF BIN REGISTRATION Permit period January 1, 2020 through December 31, 2020

APPLICANT INFORMATION

APPLICANT NAME: _____ TITLE: _____

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

(City)

(State)

(Zip)

OFFICE PHONE: (_____) _____ CELL PHONE: (_____) _____

FAX: (_____) _____ EMAIL ADDRESS: _____

CURRENT 501(c)(3) STATUS (Y/N): _____ IRS EMPLOYEE IDENTIFICATION #: _____

BIN INFORMATION

NAME OF ORGANIZATION MARKED ON BIN: _____

(A PHOTOGRAPH OF THE BIN DESIGN, COLORING & LABELING MUST BE ATTACHED)

OWNER OF BIN (IF DIFFERENT FROM ABOVE): _____

MAILING ADDRESS: _____

(City)

(State)

(Zip)

OFFICE PHONE: (_____) _____ CELL PHONE: (_____) _____

CONTACT PERSON: _____ TITLE: _____

DISPOSAL INFORMATION

NAME OF CHARITY (IF APPLICABLE): _____

CONTACT PERSON: _____ PHONE: (_____) _____ % TO CHARITY: _____

DONATION TYPE: ☐ CLOTHING ☐ RAGS ☐ BOOKS ☐ OTHER _____ TONAGE FROM PREVIOUS YEAR: _____

DISPOSAL LOCATION: _____

BIN TO BE EMPTIED & MAINTAINED: ☐ WEEKLY ☐ MONTHLY ☐ OTHER _____

COMPLETE ATTACHED PAGES

Applicant Signature

Date

TOWN USE ONLY: REGISTRATION FEE: \$100 for 501c3's or \$100 per bin for For-Profit Companies

CASH: _____ CHECK #: _____ RECEIPT #: _____

OWNER CONSENT: _____ SITE PLAN: _____ PHOTO: _____ PERMIT #'s: _____



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BIN LOCATIONS

| ADDRESS (STREET ADDRESS, HAMLET, ZIP) | DESCRIPTION OF LOCATION (NAME OF BUSINESS, SHOPPING CENTER, LANDMARK ETC.) | NUMBER OF BINS AT LOCATION | DECAL # (TOWN USE ONLY) |
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APPLICATION APPROVAL IS SUBJECT TO A REVIEW OF THE PROPERTY SITE PLAN.

PROPERTY OWNER INFORMATION

A LETTER MUST BE SUPPLIED BY THE PROPERTY OWNER FOR EACH BIN LOCATION LISTED ON PAGE 2.
SAID LETTER IS REQUIRED TO BE ON PROPERTY OWNER LETTERHEAD AND MUST INCLUDE:

- STATEMENT AUTHORIZING BIN PLACEMENT THROUGH DECEMBER 31ST.
- PROPERTY OWNER MAILING ADDRESS, CONTACT PERSON & TELEPHONE NUMBER.
- PROPERTY OWNER SIGNATURE

COMPLETE ATTACHED PAGE



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TOWN OF ISLIP DONATION BIN RULES & REGULATIONS

This is to certify that all services provided in the Town of Islip will be in accordance with the Ordinances of Chapter §21-18, which includes but is not limited to:

(INITIAL NEXT TO EACH STATEMENT)

_____ A PERMIT SHALL BE AFFIXED TO THE BIN PRIOR TO PLACEMENT ON THE LOCATION. THE PERMIT SHALL BE PLACED ON THE TOP RIGHT CORNER OF THE SAME SIDE AS THE CHUTE USED FOR THE DEPOSITS.

_____ BIN MUST BE CLEARLY MARKED WITH THE TELEPHONE NUMBER OF THE APPLICANT AS INDICATED ON THE PERMIT APPLICATION.

_____ THE BIN WILL BE PLACED AS INDICATED ON THE APPROVED SITE PLAN AS SUPPLIED BY THE TOWN OF ISLIP.

_____ UPON THE SALE OR TRANSFER OF A BIN, THE NEW OWNER SHALL OBTAIN A NEW PERMIT FROM THE TOWN OF ISLIP AND SHALL ABIDE BY THE PROVISIONS IN THE APPROVED SITE PLAN.

_____ APPLICANT IS RESPONSIBLE FOR THE MAINTENANCE OF THE GROUNDS SURROUNDING THE BIN.

_____ A PERMIT ISSUED UNDER THIS CHAPTER SHALL BE VALID FOR ONE CALENDAR YEAR. THE PERMIT CAN BE RENEWED FOR SUCCESSIVE ONE-YEAR PERIODS UPON APPLICATION SUBMITTAL AND APPROVAL AND UPON PAYMENT OF ANY APPLICABLE FEES. COMPLETED APPLICATIONS MUST BE SUBMITTED TO THE DEPARTMENT OF ENVIRONMENTAL CONTROL PRIOR TO THE SUCCESSIVE YEAR.

The applicant attests that all information submitted with this application is true, and further agrees to comply with all provisions of Chapter 21 of the Code of the Town of Islip which regulates the collection and disposal of solid waste, and the applicant understands that failure to comply with the rules and regulations of the Town of Islip or any false statements made on any part of this application shall be grounds for denial and/or revocation of this registration.

SIGNED: _____

NOTARY: SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

BY _____

NOTARY PUBLIC

This sheet does not cover all rules and regulations of the Town of Islip Donation Bin Code. Please refer to Chapter 21-18 for further information as to the policies and procedures you must adhere to.

